

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 199
Registered No. 81

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Hayden No. _____ St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rosa May Jimenez
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child ♀ To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth 8-29-30
Month Day Year

3. Geleciano Jimenez FATHER Full name 4. Esther A. Gray MOTHER Full maiden name

9. Residence (Usual place of abode) Phoenix 15. Residence (Usual place of abode) Hayden
If non-resident, give place and state. Ariz. If non-resident, give place and state. Ariz.

10. Color or race Mex. 11. Age at last birthday 38 (Years) 16. Color or race Mex. 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Sonora, Mex. (State or country) 18. Birthplace (city or place) Sonora, Mex. (State or country)

13. Occupation Stage driver 19. Occupation H.W.
Nature of Industry Nature of Industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living. 2 (b) Born alive but now dead. 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:45 p.m. on the date above stated.
(Born alive or stillborn)

Signature Dr. R. Winslow (Physician or midwife.)
(When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

Given name added from a supplemental report _____ Address Hayden, Ariz.

Month, day, year _____ Filed 8/30/30 1930 Registrar W.D. Nash

919-829-578